

**STATEMENT OF
SENATOR CHARLES E. GRASSLEY**

March 6, 2000

Good morning.

I would like to welcome everyone to this Senate hearing in honor of the first annual National Colorectal Cancer Awareness Month.

The U.S. Senate unanimously declared March 2000 as the first National Colorectal Cancer Awareness Month.

Colorectal cancer is the second leading cause of cancer-related death in the United States. This year 129,400 Americans will be diagnosed with this type of cancer and 56,000 Americans will die from it.

Colorectal cancer affects men and women equally. In fact, more women over the age of 75 die of colorectal cancer than breast cancer.

One of the hallmarks of colorectal cancer is that in its early stages, symptoms are difficult to detect. This is why many people fail to learn about their cancer until it has progressed to an advanced stage.

Family history, diet, and age are indicative of significant risk factors. Individuals whose families have a history of cancer are at higher risk. Diets high in fat and cholesterol have been linked to an increased risk of colorectal cancer.

Although colorectal cancer can develop in individuals under age 50, anyone over the age of 50 is considered at average risk, with the incidence of colorectal cancer approximately doubling with each decade of a person's life.

Many of these deaths are avoidable. Several screening methods can be used to detect the cancerous growth and removal can prevent the onset of colorectal cancer. If detected and treated early, colorectal cancer is curable in up to 90 percent of diagnosed cases.

In an effort to increase detection and treatment of colorectal cancer within the Medicare beneficiary population, Congress enacted, as part of the Balanced Budget Act of 1997, a preventive benefits package which included Medicare coverage of colorectal cancer screening as of January 1, 1998.

Unfortunately, many primary-care doctors and Medicare beneficiaries are not educated about the tremendous benefits of screening. Therefore, the Health Care Financing Administration (HCFA) established a partnership with the Centers for Disease Control and Prevention, and the National Cancer Institute to increase awareness of colorectal cancer screening through the Screen for Life Campaign.

In spite of this partnership, recent studies indicate that colorectal cancer screening is not well-utilized by the Medicare population. One study, from the Dartmouth Atlas of Health Care 1999, stated that one out of eight elderly people get recommended testing for colon cancer. In an effort to educate the public and to learn more about how we can improve upon existing outreach efforts, we have two panel of witnesses today.

For our first panel, Katie Couric will tell us how colorectal cancer affected her life.

Our second panel will focus on federal inter-agency efforts to educate the Medicare provider and beneficiary populations on colorectal cancer screening.

I also would like to announce that Senator Breaux and I are circulating a letter to the Appropriations Committee that we would like the other Senators of this Committee to sign. The letter asks that the Appropriations Committee fully fund the authorized amount for the National Medicare Beneficiary Education program, which provides comprehensive information and counseling to seniors on their Medicare health plan choices, covered benefits, including preventive screenings, rights and protections under the program. The Balanced Budget Refinement Act of 1999 drastically cut the amount authorized to be collected by user fees, which had been funding the program. Therefore, the program will become virtually obsolete unless money is appropriated to make up the difference. So, I urge my colleagues on the Committee to sign this letter in support of HCFA's educational efforts.

I would like to thank the witnesses for taking time out of their schedules to testify before this Committee. I look forward to learning about their experiences with colorectal cancer screening.